



NIKE COACH OF THE YEAR CLINICS

NIKE Coach of the Year Clinics – Back In Person! Registration Form

February & March 2023 | www.nikecoyfootball.com

Coach Name: _____ School Affiliation: _____

Address: _____ City/State/Zip: _____

Contact Phone: _____ Email Address: _____

Must Circle One: **Atlanta** | **Bethlehem** | **Birmingham** | **Las Vegas** | **New England** | **Orlando** | **Portland**

Name(s) of ALL Coach(es) Attending:

Email Address of Each Coach (*Mandatory)

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |

Use back of page for additional coaches

+Plus Tickets include standard clinic admission AND 12-months access to Football Coaches Insider +Plus Video Library.

Rates (Early-Bird) ending December 31, 2022:

- | | | |
|--|---------------------|----------|
| 1-4 Coaches Clinic Only Early-Bird Admission: \$85 Each | # of Coaches: _____ | \$ _____ |
| 5-8 Coaches Clinic Only Early-Bird Admission: \$80 Each | # of Coaches: _____ | \$ _____ |
| 9+ Coaches Clinic Only Early-Bird Admission: \$75 Each | # of Coaches: _____ | \$ _____ |
| 1-4 Coaches Clinic +Plus Early-Bird Admission: \$115 Each | # of Coaches: _____ | \$ _____ |
| 5-8 Coaches Clinic +Plus Early-Bird Admission: \$110 Each | # of Coaches: _____ | \$ _____ |
| 9+ Coaches Clinic +Plus Early-Bird Admission: \$105 Each | # of Coaches: _____ | \$ _____ |

Rates starting January 1, 2023, and after:

- | | | |
|---|---------------------|----------|
| 1-4 Coaches Clinic Only Admission: \$95 Each | # of Coaches: _____ | \$ _____ |
| 5-8 Coaches Clinic Only Admission: \$90 Each | # of Coaches: _____ | \$ _____ |
| 9+ Coaches Clinic Only Admission: \$85 Each | # of Coaches: _____ | \$ _____ |
| 1-4 Coaches Clinic +Plus Admission: \$125 Each | # of Coaches: _____ | \$ _____ |
| 5-8 Coaches Clinic +Plus Admission: \$120 Each | # of Coaches: _____ | \$ _____ |
| 9+ Coaches Clinic +Plus Admission: \$115 Each | # of Coaches: _____ | \$ _____ |

TOTAL PAYMENT \$ _____

Credit Card No: _____ Exp. Date: ____/____ CVV: _____

Billing Address (must match where bill is sent): _____

Name on Card: _____ City/State/Zip: _____

Send Form to: NIKE Coach of the Year Clinics - C/O Chrissey Stephens - PO Box 31408, Knoxville, TN 37930-1408
407-416-5800 ~ Fax: 407-612-6043 ~ Site: www.nikecoyfootball.com and 2023.nikecoyfootball.com